

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

505729

09505429

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		TOTAL CLAIMS
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.	1		2		3		
TOTAL DEP.	9		10		20		
TOTAL CLAIMS	10		20		22		
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Rest Available Copy